

Application Form

Application Guidelines can be downloaded at www.hkcss.org.hk/institute. To enrol on programmes, please complete this form in **ENGLISH BLOCK LETTERS**.

1. Our Organization nominates the following staff(s) to attend :

CADENZA Encore Workshop

Bereavement Care- Widowhood of Older Persons (11B-PE13)

Nominee 1

Title: Mr Mrs Ms Miss Other (_____)

Name in English: _____ Name in Chinese: _____
(as shown on ID card)

Job Title: _____

Contact No: _____ Email: _____
(for Application Result & Course Notice)

Education Level F.5 Bachelor degree Other
 F.7/Post-Secondary Master's degree or above

I **DO NOT** want to record the hour-points of the above course(s) in the "HKCSS - Citi Continuous Learning Recognition Scheme 2011"



Nominee 2

Title: Mr Mrs Ms Miss Other (_____)

Name in English: _____ Name in Chinese: _____
(as shown on ID card)

Job Title: _____

Contact No: _____ Email: _____
(for Application Result & Course Notice)

Education Level F.5 Bachelor degree Other
 F.7/Post-Secondary Master's degree or above

I **DO NOT** want to record the hour-points of the above course(s) in the "HKCSS - Citi Continuous Learning Recognition Scheme 2011"



2. Declarations

1. I declare that all information given in this application form is, to my best knowledge, accurate and complete.
2. I consent that if registered, I will conform to the Rules and Regulations of the Institute.
3. I have noted, understood and agreed the content of the "Application Guidelines".

Signature of Applicant 1 _____ Signature of Applicant 2 _____

3. Nomination by Organization

Organization _____

Name _____ Job Title _____

Signature _____ Contact No _____

Cheque No _____

Cheque payable to : **The Hong Kong Council of Social Service**
Address : **HKCSS Institute, Rm 906, 9/F Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong**
Enquiries : **Tel:2876 2470 / 2876 2454 Fax:2876 2485 E-mail:institute@hkcss.org.hk**